



General

Guideline Title

Considerations for high-risk patients. In: II guidelines for perioperative evaluation.

Bibliographic Source(s)

Gualandro DM, Yu PC, Calderaro D, Marques AC, Pinho C, Caramelli B, et al. Considerations for high-risk patients. In: II guidelines for perioperative evaluation. Arq Bras Cardiol. 2011;96(3 Suppl 1):22-3. [379 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The definitions for levels of evidence (A-C) and classes of recommendation (I-III) are provided at the end of the "Major Recommendations" field.

It is important to know the prognosis of the underlying disease particularly for patients at high risk of cardiovascular complications in the perioperative environment. This information should be requested from the surgeon who requested the evaluation (Degree of Recommendation I, Level of Evidence C). A careful analysis of the high risk of cardiovascular complications compared with the prognosis of the underlying disease may represent a contraindication to perform the surgery.

When the Cardiovascular Risk Is Very High - To Operate or Not To Operate?

Recommendations for contraindication of noncardiac surgery:

Degree of Recommendation IIa, Level of Evidence C

- Situations where there is objective information that the risk of serious cardiovascular complications such as cardiac death, nonfatal myocardial infarction, and stroke is higher than the risk of death from the underlying disease

Definitions:

Levels of Evidence

- A. Evidence in several populations from multiple randomized clinical trials or meta-analyses
- B. Evidence in a limited group of populations from single randomized clinical trial or non-randomized clinical studies
- C. Evidence in very limited group of populations from consensus and experts' opinions, case reports and series

Degree/Class of Recommendation - Reflecting the Size of Treatment Effect

Degree of Recommendation I - Benefit >>> Risk; the treatment/procedure must be indicated/administered

Degree of Recommendation IIa - Benefit >> Risk; the choice for the treatment/procedure may help the patient

Degree of Recommendation IIb - Benefit > Risk; is not defined if the treatment/procedure can help the patient

Degree of Recommendation III - Risk > Benefit; the treatment/procedure must not be performed since it does not help and may be harmful for the patient

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Any condition requiring surgery

Guideline Category

Evaluation

Management

Prevention

Risk Assessment

Treatment

Clinical Specialty

Anesthesiology

Cardiology

Colon and Rectal Surgery

Neurological Surgery

Orthopedic Surgery

Plastic Surgery

Surgery

Thoracic Surgery

Intended Users

Physicians

Guideline Objective(s)

- To refine and unify the terminology used by the entire multidisciplinary team, including the patients and their family
- To establish new routines, change indication for surgery according to the information obtained during the perioperative evaluation
- To inform the patient and the team on the possible risks related to the intervention
- To decrease perioperative complications

Target Population

Any patient who requires surgery and has a high cardiovascular risk

Interventions and Practices Considered

Noncardiac surgery

Major Outcomes Considered

Risk of cardiovascular complications

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

The databases searched were PubMed, Scielo, and Lilacs. The guideline was updated, based on the last version of the guideline, and new evidence from 2007 to 2010 was obtained. There were no specific search terms. Articles published in Portuguese and English were included.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

- A. Evidence in several populations from multiple randomized clinical trials or meta-analyses
- B. Evidence in a limited group of populations from single randomized clinical trial or non-randomized clinical studies
- C. Evidence in very limited group of populations from consensus and experts' opinions, case reports and series

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Degree/Class of Recommendation - Reflecting the Size of Treatment Effect

Degree of Recommendation I - Benefit >>> Risk; the treatment/procedure must be indicated/administered

Degree of Recommendation IIa - Benefit >> Risk; the choice for the treatment/procedure may help the patient

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Degree of Recommendation III - Risk > Benefit; the treatment/procedure must not be performed since it does not help and may be harmful for the patient

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Not stated

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate management of surgery for patients with high cardiovascular risk, which may reduce the risk of perioperative complications

Potential Harms

Not stated

Contraindications

Contraindications

Noncardiac surgical intervention is contraindicated in situations where there is objective information that the risk of serious cardiovascular complications such as cardiac death, nonfatal myocardial infarction, and stroke is higher than the risk of death from the underlying disease.

Qualifying Statements

Qualifying Statements

- Data or scientific evidence are not always available to allow all the different situations to be analyzed. As customary in medical practice, minute analysis of the patient and problem and the common sense of the team must prevail.
- The surgical intervention does not finish when the patient is bandaged or leaves the operating room. The concept of the word perioperative includes the need for a postoperative surveillance whose intensity is determined by the individual level of risk of the patient.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Safety

Identifying Information and Availability

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011

Guideline Developer(s)

Brazilian Society of Cardiology - Medical Specialty Society

Source(s) of Funding

Brazilian Society of Cardiology

Guideline Committee

Not stated

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Financial Disclosures/Conflicts of Interest

See the original guideline document for mandatory conflict of interest declaration.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Arquivos Brasileiros de Cardiologia Web site](#)

Availability of Companion Documents

None available

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on November 16, 2011. The information was verified by the guideline developer on December 27, 2011.

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